

COMMUNITY SERVICES DISTRICT  
PARKS & RECREATION DEPARTMENT



www.egcsd.ca.gov

# 2006 NFL Youth Flag Football



## We Need You!

### **Coaches:**

- 30 volunteer coaches needed
- mandatory training provided
  - 1-2 hours/week commitment
  - 1 practice & 1 game per week

**Coaches Clinic: Sat. Aug. 5<sup>th</sup>**

**9:00 am - 12:00 pm**

**Wackford Community  
& Aquatic Complex**

### **Volunteers:**

- needed to assist Site Coordinators & Recreation Coordinator
- tasks include equipment inventory, phone calls, prepping fields and other duties as assigned

### **Referees:**

- paid referees needed
- mandatory training provided (available on Saturdays)
- turn in application by 7/22/06

## **The Program:**

Flag Football teaches boys and girls the fundamentals of football, good sportsmanship and teamwork in a fun, non-competitive way. Boys and girls play on the same teams. Practices begin in September with locations, day and time determined by the coach. In this league, all players receive a reversible NFL FLAG jersey, mouthpiece, team picture and trophy.

## **Ages:**

Must be 6 by the assesment day (8/19). Cannot be 15 before the last game.

4 DIVISIONS: • 6-7 yr olds (for the beginner) • 8-9 yr olds • 10-11 yr olds • 12-14 yr olds

## **Location:**

Laguna Community Park, Multi-purpose Field  
(Di Lusso Drive & Bruceville Road,  
behind the Wackford Community Complex)

## **Dates/Times:**

### **Coaches Clinic**

**Aug 5, 9 am – 12 pm**

**at Wackford Community & Aquatic Complex**

### **Player Assesment Day**

**Aug 19 (Divisions 1-3)**

### **Picture Day**

**Sept 9**

### **Games**

**Sept 9 - Nov 4, 9 am – 5 pm**

- Games played on Saturdays between 9 am and 5 pm  
(10 am – 11 am, 11 am – 12 pm, 12 pm – 1 pm, 1 pm – 2 pm, 2 pm – 3 pm,  
3 pm – 4 pm, or 4 pm – 5 pm; scheduled by program coordinator)

### **Player assesment day is**

### **August 19th:**

Div 1 (Age 12-14)	8 am
Div 2 (Age 10-11)	10 am
Div 3 (Age 8-9)	1 pm
Div 4 (Age 6-7)	N/A

## **Registration: (By mail or in person)**

**Regular Registration:** Through August 1, 2006 • \$90 per player

**Late Registration:** August 2, 2006 until league fills • \$100 per player

**No phone registration accepted.**

### **Registration:**

M-F, 8 am - 8 pm and Sat 8 am - 1 pm:

Wackford Community & Aquatic Complex, 9014 Bruceville Road, 405-5600

M-F, 8 am - 5 pm:

Parks and Recreation Admin Office, 8820 Elk Grove Blvd., Suite 3, 405-5300  
or Laguna Town Hall, 3020 Renwick Ave., 684-7550

**Don't Delay...  
Register by 8/1**

**For additional information, call**

**CSD Parks & Recreation at 405-5600, 405-5300, or 684-7550**

This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this program/activity.



## CSD PARKS & RECREATION DEPARTMENT

# 2006 NFL Youth Flag-Football Coaches Application

Please complete and return this application as soon as possible.

Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ E-mail \_\_\_\_\_

Age Group you would like to coach: ☐ 6-7 ☐ 8-9 ☐ 10-11 ☐ 12-14

NFL Team Jersey you prefer – 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

1. Are you currently NYSCA certified ? If so, which sport(s)? \_\_\_\_\_

2. Name of your child or children you want to coach \_\_\_\_\_

3. Your availability during the 2006 Flag-Football season:

Weekday practices/games: ☐ Always available ☐ Usually available - Times: \_\_\_\_\_

Saturday Games: ☐ Always available ☐ Usually available - Times: \_\_\_\_\_

4. Desired Position: ☐ Head Coach ☐ Assistant Coach

Preference of head or assistant coach? \_\_\_\_\_

Previous Coaching Experience

☐ Flag-Football (please list which seasons) \_\_\_\_\_

☐ Other Coaching (please describe) \_\_\_\_\_

5. Convictions – Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No

*Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.*

If Yes, state what offense, when, where, and disposition of case.

**All coaches will be fingerprinted no later than July 1st 2006**

6. Please list two references we can contact other than relatives:

Name

Phone

Relationship

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. COACHES CLINIC

All coaches **ARE REQUIRED** to attend the EGCS D Flag-Football Clinic Coaches Clinic at the Wackford Community Complex, 9014 Bruceville Rd., Elk Grove, CA 95758

**CLINIC DATE: Saturday, August 5<sup>th</sup> • TIME: 9:00 am - 12:00 pm**

**Remember to mark your calendar !**



## CSD Parks & Recreation Department

# Flag-Football Registration and Medical Form

(Please Press Firmly)

### REGISTRATION INFORMATION

☐ Division 1 (Ages 12, 13 & 14) #9756

☐ Division 2 (Ages 10 & 11) #9757

Init.

☐ Division 3 (Ages 8 & 9) #9758

☐ Division 4 (Ages 6 & 7) #9759

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Flag-Football Experience:** ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

If your child attends private school, which public school is located closest to your home? \_\_\_\_\_

Check all boxes which apply:

☐ Yes, I want to be a Flag-Football Coach.

☐ I may want to coach.

**Type of Payment:** (check one)

☐ Cash

☐ Check # \_\_\_\_\_

☐ Credit Card

Payment Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Card # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Expires Mo./Yr. \_\_\_\_/\_\_\_\_

### HOLD HARMLESS AGREEMENT

The Elk Grove Community Services District ( hereinafter the "Elk Grove CSD"), its officers, trustees, agents and employees, and any co-sponsor of this activity, are not responsible for any claim, loss, injury(ies), liability or damages which may be suffered by the Participant while traveling to, during, or returning from the activity designated in this registration. Further, throughout the term of this Agreement, Participant [or Participant's parent or legal guardian, if Participant is under age 18] agrees to defend, indemnify and hold harmless the Elk Grove CSD, its officers, trustees, agents and employees from and against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in this registration. Additionally, the Participant [or Participant's parent or legal guardian, if Participant is under age 18] grants the Elk Grove CSD the right to photograph facilities, activities and Participant for potential future use for publicity or promotional purposes. **I have read, understand and agree with this notice.**

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

### EMERGENCY INFORMATION

Parent's Name(s): \_\_\_\_\_

Phone # Mother (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

Phone # Father (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

List any allergies, dietary restrictions, medications, etc. (or indicate NONE): \_\_\_\_\_

What was the approximate date of last Tetanus Booster? \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Carrier & Number: \_\_\_\_\_

**Person to contact in  
Case of Emergency**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other than Parents:**

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

\*

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

We can not guarantee special requests for participants to play on a certain team or with certain players.

**For additional information, call CSD Parks & Recreation at 405-5300 • [www.egcsd.ca.gov](http://www.egcsd.ca.gov)**



## Community Services District Parks & Recreation Department

# Parents' Code of Ethics

- I (we) hereby pledge to provide positive support, care, and encouragement for my (our) children participating in youth sports by following the Parents' Code of Ethics.
- I (we) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sport events.
- I (we) will place the emotional and physical well being of my (our) children ahead of my personal desire to win.
- I (we) will insist that my (our) children play in a safe and healthy environment.
- I (we) will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I (we) will demand a sports environment for my (our) children that is free from drugs, tobacco, and alcohol and refrain from their use at all youth sport events.
- I (we) will remember that the game is for youth – not the adult.
- I (we) will do our best to make youth sports fun for my (our) children.
- I (we) will ask my (our) children to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I (we) promise to help my (our) children enjoy the youth sports experience by doing whatever I (we) can, such as being a respectable fan, assisting with coaching, abiding by league rules, or assisting with the league activities.
- I (we) will expect that my (our) children's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I (we) hereby acknowledge that I (we) have read and understand the above and agree to be held bound by the Parents' Code of Ethics. If I (we) fail to act as described in the Parents' Code of Ethics, I (we) fully understand that my (our) children and I (ourselves) can be asked to leave the Elk Grove CSD Parks & Recreation programs.

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Print Parent(s) or Guardian(s) Name(s)

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Date

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Print Parent(s) or Guardian(s) Name(s)

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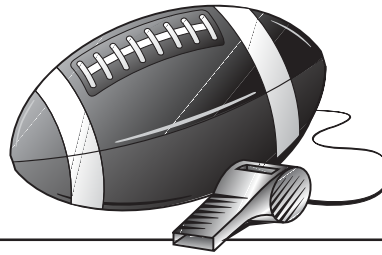
Date

CSD Parks & Recreation Department

# Flag Football

**Player assesment day is**  
**August 19th:**

Div 1 (Age 12-14) 8 am  
Div 2 (Age 10-11) 10 am  
Div 3 (Age 8-9) 1 pm  
Div 4 (Age 6-7) N/A



**Mark your  
Calendars!**



**Look inside  
for  
Flag Football  
Info.**

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Elk Grove, CA  
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Community Services District  
Parks & Recreation Department  
8820 Elk Grove Blvd., Suite 3  
Elk Grove, CA 95624

